

State of Tennessee	Name of Court	Name of County
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Permanent Parenting Plan Order

This Parenting Plan is (*check one*):

New

Changes a court order (*date of last Plan*): _____

This Parenting Plan is (*check one*):

Agreed to by both parents

Asked for by mother father other

File No. _____
(Must be completed - Clerk will give you the number)

Division/Part _____
(Large Counties Only)

Plaintiff is the parent who files the Parenting Plan first OR the parent who is listed as the Plaintiff in the last court order.

(Print or Type First, Middle, Last name)

This is the children's Mother Father

Defendant is the other parent.

(Print or Type First, Middle, Last name)

This is the children's Mother Father

Parenting Education Class has been done by: Mother Father

List the children you have **together**.

Child's Full Name	Child's Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	

1. Health Insurance (TCA 36-5-501 et seq.)

Who has insurance for the children now?

<input type="checkbox"/> Health care	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Vision	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Eye-glasses/Contact lenses	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Dental	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Braces?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Counseling?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Other _____ ?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other
<input type="checkbox"/> Other _____ ?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No one <input type="checkbox"/> Other

Do you want to change who gets the insurance for the children? Yes No
If yes, fill out the box below.

Fill out this part if you want to change who gets insurance for the children.
Who do you want to change it to? Mother Father Other-Who? _____

If you want the other parent to get insurance for the children,
Can the OTHER parent get insurance for the children at work? Yes No
If yes, what insurance can the other parent get?
 Health care
 Vision
 Dental
 Braces
 Other

Can the other parent afford to pay for the insurance for the children from work? Yes No

Can YOU get insurance for the children at work? Yes No
If yes, what insurance can you get at work?
 Health care
 Vision
 Dental
 Braces
 Other

Can you afford to pay for the insurance for the children from work? Yes No

If there is no insurance at work, can you or the other parent afford pay for private insurance?
 Yes No If yes, who can pay? Mother Father

Fill out this part if the children have no insurance OR insurance does not cover all costs.

Who will pay?

<input type="checkbox"/> Health care costs?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Children's deductibles?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Co-pays?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Vision?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Eye glasses/Contact lenses?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Counseling?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Other _____?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other
<input type="checkbox"/> Other _____?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Each pays half <input type="checkbox"/> *Other

*Other payment agreements between parents _____

2. Parenting Decisions

Who will make important decisions? Check the boxes below to show what you want.

BOTH parents will decide:	MOTHER will decide:	FATHER will decide:
<input type="checkbox"/> School / Educational	<input type="checkbox"/> School / Educational	<input type="checkbox"/> School / Educational
<input type="checkbox"/> Health care (not emergency)	<input type="checkbox"/> Health care (not emergency)	<input type="checkbox"/> Health care (not emergency)
<input type="checkbox"/> After school activities	<input type="checkbox"/> After school activities	<input type="checkbox"/> After school activities
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Who will pay? Check the boxes below to show what you want.

BOTH parents will pay half:	MOTHER will pay all costs:	FATHER will pay all costs:
<input type="checkbox"/> School / Educational	<input type="checkbox"/> School / Educational	<input type="checkbox"/> School / Educational
<input type="checkbox"/> Health care (not emergency)	<input type="checkbox"/> Health care (not emergency)	<input type="checkbox"/> Health care (not emergency)
<input type="checkbox"/> After school activities	<input type="checkbox"/> After school activities	<input type="checkbox"/> After school activities
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

You don't have to fill out the box below unless you want to.

Religion and religious activities

- Both parents decide together Mother decides Father decides
- Each parent pays half Mother pays Father pays

Mother - Initial: _____ Date: _____

Father - Initial: _____ Date: _____

3. Both Parents Have Rights

What the law says:	What it means:
Under Tennessee law, T.C.A. § 36-6-101, both parents have the right to (unless restricted or different in this Plan):	Tennessee law gives these rights to both parents unless this Plan says something different. You have the right to:
<ul style="list-style-type: none"> Communicate with their child, including by phone, email, and mail. Neither parent will interfere or monitor that communication. 	<ul style="list-style-type: none"> Call, email or write to your child. The other parent can't stop it, read it or listen in.
<ul style="list-style-type: none"> Talk to your child by phone at least twice a week (at reasonable times and for a reasonable amount of time). 	<ul style="list-style-type: none"> Talk to your child by phone at least 2 times a week. Don't call too late or too early. Don't stay on the phone too long.
<ul style="list-style-type: none"> Participate in your child's education and receive school-parent information and records from the school. (You may be charged a copy fee for an extra set of records.) 	<ul style="list-style-type: none"> Take part in your child's education. The school must give both parents information and records if they ask. You must ask for this in writing. The school may make you pay for the extra copies.
<ul style="list-style-type: none"> The right to receive from the other parent, in the event the other parent leaves the state with the minor child or children for more than two (2) days, an itinerary including telephone numbers for use in the event of an emergency. 	<ul style="list-style-type: none"> Know where your children are and be able to call them in an emergency. Taking the children out of Tennessee for more than 2 days? Give the other parent a list of where they will be each day. Give the other parent phone numbers where the children can be reached.
<ul style="list-style-type: none"> Visit the child at lunchtime and for other school activities, according to the school's rules for parent participation. Participation or access must be reasonable and not interfere with day-to-day operations or with the child's educational performance. 	<ul style="list-style-type: none"> Visit your child at lunch or other school activities. You must follow the school's rules for this. Don't go so much that you keep your child from learning.
<ul style="list-style-type: none"> Receive copies of the child's health records directly from the treating health care provider. 	<ul style="list-style-type: none"> The doctor, dentist, or hospital must give both parents copies of your child's health records. You must ask for this in writing.
<ul style="list-style-type: none"> Be told about any serious health problem the child may have within 24 hours, and sooner if possible. 	<ul style="list-style-type: none"> Be told about any serious health problems within 24 hours or sooner.
<ul style="list-style-type: none"> Be included and informed of school, health, or other important decision or event in the child's life. Whenever possible, give the other parent at least 48 hours notice about your child's school, athletic, religious or other activity that parents are welcome to go to. 	<ul style="list-style-type: none"> Be told about important things in your child's life. This means school, health or other important events or decisions. Are parents invited to school, sports, church or other things your child is in? Then tell the other parent about it at least 48 hours before it happens.
<ul style="list-style-type: none"> The right to be free of unwarranted derogatory remarks made about the parent or his or her family by the other parent to the child or in the presence of the child. 	<ul style="list-style-type: none"> Not be bad-mouthed by the other parent. Don't say mean things about the other parent where your child can hear you. Don't say mean things about the other parent's family either.

4. Children's Regular Schedule (Day-to-Day Time)

This is regular time with each parent, not holidays.

Will ALL the children in this Plan have the same schedule? Yes No

If **YES**, fill out Section **4A. once** and list all children.

If **NO**, make a copy of Section **4A.** for EACH child and fill it out.

A. The children who will follow this schedule are:

Child's Full Name	Child's Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	

<p>The children will be with Mother (<i>check one</i>):</p> <p><input type="checkbox"/>every week <input type="checkbox"/>every weekend</p> <p><input type="checkbox"/>every other week <input type="checkbox"/>every other weekend</p> <p><input type="checkbox"/>other: _____</p> <p>_____</p> <p>_____</p> <p>From: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>Until: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>If the arrangements are different than the other choices outlined above, fill this in.</p> <p>From: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>Until: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p>	<p>The children will be with Father (<i>check one</i>):</p> <p><input type="checkbox"/>every week <input type="checkbox"/>every weekend</p> <p><input type="checkbox"/>every other week <input type="checkbox"/>every other weekend</p> <p><input type="checkbox"/>other: _____</p> <p>_____</p> <p>_____</p> <p>From: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>Until: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>If the arrangements are different than the other choices outlined above, fill this in.</p> <p>From: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p> <p>Until: _____</p> <p style="text-align: center;"><i>(day of week and time of day)</i></p>
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B. Travel Plan for Regular Schedule

This section helps you decide how to get the children from one parent to another. What if you need to change these plans? If BOTH parents agree, you can make changes. If you don't agree, you must follow what is written here.

Does this travel plan for the regular schedule apply to all of the children in this Parenting Plan?

Yes No

If **YES**, fill out **Section 4B.** for all children.

If **NO**, **copy Section 4B.** Fill out for each child with a different travel plan.

1. If children are with Mother and it is time to go to Father -

- Father will pick children up
 - Week days
 - Weekends
- Mother will drop children off
 - Week days
 - Weekends

Check boxes below to show where it will happen:

- Mother's house
- Father's house
- School
- Public place (*example: Store on Cherry Street or library*):

Address: _____

- Another person's house (*person's name*):

Address: _____

How do the children know them? _____

- Other plans for the children to go from Mother to Father:

2. If children are with Father and it is time to go to Mother -

- Mother will pick children up
 - Week days
 - Weekends
- Father will drop children off
 - Week days
 - Weekends

Check boxes below to show where it will happen:

- Father's house
- Mother's house
- School
- Public place (*example: Store on Cherry Street or library*):

Address: _____

- Another person's house (*person's name*):

Address: _____

How do the children know them? _____

- Other plans for the children to go from Mother to Father:

Each parent will pay his or her own cost to get the children to the other parent **except:**

5. Children's Holiday Time with Each Parent

Does this holiday plan apply to all of the children in this Parenting Plan? Yes No

If **YES**, fill out **Section 5A.** for all children.

If **NO**, **copy Section 5A.** Fill out for each child with a different holiday plan.

A. List below the children this holiday plan applies to:

Child's Name	Child's Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	

Are you taking the children out of state for 2 days or more? You must tell the other parent where you are going and when. You must give them phone numbers for emergencies. **Important:** Are you a victim of domestic violence? Then this may not be true for you. Talk to a lawyer. Write down how many days notice the parent must give before traveling out of state. _____ **days**

When do the children go from one parent to the other? At 6:00 PM on the day they go to the other parent. **BUT** you can change this by writing some other time under "Other agreement."

Thanksgiving Day

With MOTHER all day Every year Odd years Even years

With FATHER all day Every year Odd years Even years

With BOTH parents every year:

With MOTHER

from time school lets out until _____ a.m./p.m. **OR**

from _____ a.m./p.m. until _____ a.m./p.m.

With FATHER

from time school lets out until _____ a.m./p.m. **OR**

from _____ a.m./p.m. until _____ a.m./p.m.

Other agreement _____

Fall School Break – If children have one

- Follow regular schedule
- With MOTHER from time school is out until it starts back Every year Odd years Even years
- With FATHER from time school is out until it starts back Every year Odd years Even years
- With BOTH parents every year:
 - With MOTHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
 - With FATHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
- OR** Other agreement _____

Winter School Break

Christmas Eve

- With MOTHER all day Every year Odd years Even years
- With FATHER all day Every year Odd years Even years
- With BOTH parents every year:
 - With MOTHER from _____ a.m./p.m. until _____ a.m./p.m.
 - With FATHER from _____ a.m./p.m. until _____ a.m./p.m.
- Other agreement _____

Christmas Day

- With MOTHER all day Every year Odd years Even years
- With FATHER all day Every year Odd years Even years
- With BOTH parents every year:
 - With MOTHER from _____ a.m./p.m. until _____ a.m./p.m.
 - With FATHER from _____ a.m./p.m. until _____ a.m./p.m.
- Other agreement _____

New Year's Eve

- With MOTHER all day Every year Odd years Even years
- With FATHER all day Every year Odd years Even years
- With BOTH parents every year:
 - With MOTHER from _____ a.m./p.m. until _____ a.m./p.m.
 - With FATHER from _____ a.m./p.m. until _____ a.m./p.m.
- Other agreement _____

New Year's Day

With MOTHER all day Every year Odd years Even years

With FATHER all day Every year Odd years Even years

With BOTH parents every year:

With MOTHER from _____ a.m./p.m. until _____ a.m./p.m.

With FATHER from _____ a.m./p.m. until _____ a.m./p.m.

Other agreement _____

All other days during Winter Break

Follow regular schedule

With MOTHER from time school is out until it starts back Every year Odd years Even years

With FATHER from time school is out until it starts back Every year Odd years Even years

With BOTH parents every year:

With MOTHER

from time school lets out until halfway through the school break **OR**

from halfway through the school break until school starts again

With FATHER

from time school lets out until halfway through the school break **OR**

from halfway through the school break until school starts again

OR Other agreement _____

Easter/Passover

With MOTHER from time school is out until it starts back Every year Odd years Even years

With FATHER from time school is out until it starts back Every year Odd years Even years

With BOTH parents every year:

With MOTHER

from time school lets out until halfway through the school break **OR**

from halfway through the school break until school starts again

With FATHER

from time school lets out until halfway through the school break **OR**

from halfway through the school break until school starts again

Other agreement _____

Spring School Break

- Follow regular schedule
 - With MOTHER from time school is out until it starts back Every year Odd years Even years
 - With FATHER from time school is out until it starts back Every year Odd years Even years
 - With BOTH parents every year:
 - With MOTHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
 - With FATHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
 - OR** Other agreement _____
-
-

Summer

July 4th

- With MOTHER all day Every year Odd years Even years
 - With FATHER all day Every year Odd years Even years
 - With BOTH parents every year:
 - With MOTHER from _____ a.m./p.m. until _____ a.m./p.m.
 - With FATHER from _____ a.m./p.m. until _____ a.m./p.m.
 - Other agreement _____
-
-

All other days during Summer

- Follow regular schedule
 - With MOTHER from time school is out until it starts back Every year Odd years Even years
 - With FATHER from time school is out until it starts back Every year Odd years Even years
 - With BOTH parents every year:
 - With MOTHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
 - With FATHER
 - from time school lets out until halfway through the school break **OR**
 - from halfway through the school break until school starts again
 - OR** Other agreement _____
-
-

B. Travel for Holiday Schedule

This section helps you decide how to get the children from one parent to another. What if you need to change these plans? If BOTH parents agree, you can make changes. If you don't agree, you must follow what is written here.

<p>Does this travel plan for the holiday schedule apply to all of the children in this Parenting Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, fill out Section 5B. for all children. If NO, copy Section 5B. Fill out for each child with a different travel plan.</p>	
<p>If children are with MOTHER and it is time to go to Father -</p> <p><input type="checkbox"/> Father will pick children up <input type="checkbox"/> Mother will drop children off</p>	<p>If children are with FATHER and it is time to go to Mother -</p> <p><input type="checkbox"/> Mother will pick children up <input type="checkbox"/> Father will drop children off</p>
<p>Check boxes below to show where it will happen:</p> <p><input type="checkbox"/> Mother's house <input type="checkbox"/> Father's house <input type="checkbox"/> School <input type="checkbox"/> Public place (<i>example: Store on Cherry Street or library</i>): _____ Address: _____ _____</p> <p><input type="checkbox"/> Another person's house (<i>person's name</i>): _____ Address: _____ _____</p> <p>How do the children know them? _____</p> <p><input type="checkbox"/> Other plans for the children to go from Mother to Father: _____ _____</p>	<p>Check boxes below to show where it will happen:</p> <p><input type="checkbox"/> Father's house <input type="checkbox"/> Mother's house <input type="checkbox"/> School <input type="checkbox"/> Public place (<i>example: Store on Cherry Street or library</i>): _____ Address: _____ _____</p> <p><input type="checkbox"/> Another person's house (<i>person's name</i>): _____ Address: _____ _____</p> <p>How do the children know them? _____</p> <p><input type="checkbox"/> Other plans for the children to go from Mother to Father: _____ _____</p>

Each parent will pay his or her own cost to get the children to the other parent **except**:

6. Number of days children will be with each parent every year

How many total days will children be with mother? _____

How many total days will children be with father? _____

Total days with mother _____

Total days with father + _____

= _____

This must add up to 365 days.

7. Where Children Will Live (Primary Residential Parent)

The children will live most of the time with Mother Father.

8. Supervised Parenting Time

Supervised parenting time means another adult will watch you while you are with your children.

Another adult needs to be there when MOTHER is with children <input type="checkbox"/> Yes <input type="checkbox"/> No	Another adult needs to be there when FATHER is with children <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where will it happen? _____ _____	If yes, where will it happen? _____ _____
Who will supervise? _____ _____	Who will supervise? _____ _____
If there is a cost, who will pay it? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother and Father each pay half <input type="checkbox"/> Other: _____	If there is a cost, who will pay it? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother and Father each pay half <input type="checkbox"/> Other: _____
Is there a day when having another adult there will end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ _____	Is there a day when having another adult there will end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ _____
Why will it end? _____ _____ _____	Why will it end? _____ _____ _____
Is there an Order or Protection or restraining order against the MOTHER ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Order or Protection or restraining order against the FATHER ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach a copy.	If yes, attach a copy.

Do the children spend time with anyone else? Are any of them a danger to your children? Or have they hurt other children? If so, do any of them need to be supervised when with your children? If yes, write their names here.

Tobacco Smoke - In some courts, you **must** fill out this part. Talk about this with the other parent. Decide what you will do about smoking around the children.

Both parents agree that breathing smoke is dangerous. We will not smoke indoors when the children are there. We will not smoke in cars/trucks when the children are there. We will not let other people do it either. We will not let the children be with people who let them be around smoking.

Mother agrees? Yes No
 Father agrees? Yes No

Other safety or health rules: _____

9. Child Support Order

You must attach a completed Child Support Worksheet or Child Support Order to this Plan.

You can get the Child Support Worksheet from your local child support office. **OR** go to www.tn.gov/humanserv/cs/cs_main.html on the internet. You must download it to your computer to use it.

Mother's Gross Monthly Income: Gross income means before taxes or anything are taken out. \$ _____/month	Father's Gross Monthly Income: Gross income means before taxes or anything are taken out. \$ _____/month
Under this parenting plan above (see section 6), Mother will _____ days each year with the children.	Under this parenting plan above (see section 6), Father will _____ days each year with the children.
Will Mother pay regular Child Support to the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Mother will pay \$ _____ every (check one): <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> 2 times a month	Will Father pay regular Child Support to the Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Father will pay \$ _____ every (check one): <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> 2 times a month
Does Mother owe Father Back Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total (arrearage)? _____ If yes, this is now a court order. Mother will pay Father \$ _____ every (check one): <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> 2 times a month	Does Father owe Mother Back Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total (arrearage)? _____ If yes, this is now a court order. Father will pay Mother \$ _____ every (check one): <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> 2 times a month

<p>Fill out this part ONLY if Mother owes Father Regular or Back Child Support.</p> <p>Payments will be made: (check one)</p> <p><input type="checkbox"/> To the Father directly.</p> <p><input type="checkbox"/> By direct deposit to the Father at <i>Bank:</i> _____ <i>Account #:</i> _____</p> <p><input type="checkbox"/> To Central Child Support Receiving Unit, (Check this box if you have an order from the Child Support Office.) PO Box 305200, Nashville, TN 37229. Then mailed to the Father at this address: _____</p> <p><input type="checkbox"/> By wage assignment order. Wage assignment means the employer takes the money out of a paycheck. <i>(Add direct link to wage assignment order.)</i></p> <p><input type="checkbox"/> Other: _____</p>	<p>Fill out this part ONLY if Father owes Mother Regular or Back Child Support.</p> <p>Payments will be made: (check one)</p> <p><input type="checkbox"/> To the Mother directly.</p> <p><input type="checkbox"/> By direct deposit to the Mother at <i>Bank:</i> _____ <i>Account #:</i> _____</p> <p><input type="checkbox"/> To Central Child Support Receiving Unit, (Check this box if you have an order from the Child Support Office.) PO Box 305200, Nashville, TN 37229. Then mailed to the Mother at this address: _____</p> <p><input type="checkbox"/> By wage assignment order. Wage assignment means the employer takes the money out of a paycheck. <i>(Add direct link to wage assignment order.)</i></p> <p><input type="checkbox"/> Other: _____</p>
<p>Different Child Support Agreement (Deviation from Guidelines)</p> <p><input type="checkbox"/> Check here if the child support will be different than the attached Child Support Worksheet. Show the different amounts and explain why: _____</p>	<p>Different Child Support Agreement (Deviation from Guidelines)</p> <p><input type="checkbox"/> Check here if the child support will be different than the attached Child Support Worksheet. Show the different amounts and explain why: _____</p>
<p>Payments start on <i>(date)</i> _____.</p> <p>Payments will end when all of past due support plus any interest owed are paid in full.</p>	<p>Payments start on <i>(date)</i> _____.</p> <p>Payments will end when all of past due support plus any interest owed are paid in full.</p>

10. Federal Income Tax

<p>MOTHER will claim <i>(names of children)</i>:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Each year</p> <p><input type="checkbox"/> Even numbered years <i>(2012, 2014, etc.)</i></p> <p><input type="checkbox"/> Odd numbered years <i>(2013, 2015, etc.)</i></p>	<p>FATHER will claim <i>(names of children)</i>:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Each year</p> <p><input type="checkbox"/> Even numbered years <i>(2012, 2014, etc.)</i></p> <p><input type="checkbox"/> Odd numbered years <i>(2013, 2015, etc.)</i></p>
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13. Moving 100 Miles or Out of State

Are you moving out of Tennessee? Or are you moving more than 100 miles from the other parent's home in Tennessee?

Then you must send a letter to the other parent **at least 60 days before moving**. You must do this any time you move out of Tennessee. You must also do this any time you move more than 100 miles away from the other parent's Tennessee home. Your letter must say these 4 things:

1. Where you plan to move,
2. When you plan to move there,
3. Why you want to move there.
4. These exact sentences must be in the letter: **If you do not agree to this move, you may file a "petition in opposition to the move" in court. You must file this with the court within 30 days after getting this letter.**

Send your letter to the other parent's last known address by **registered or certified mail**. Keep your registered or certified mail receipt.

14. Other

Is there any thing else the parents have agreed to that is not already listed? If yes, write it here:

15. How to Make Changes to this Plan after the Judge OKs it

As children grow older or things change, you may need to change your Parenting Plan. Does either parent want to change the parenting plan? Talk to the other parent and see if you can agree on the changes.

You **must** go back to court to get a new Order signed, if:

- the change is about child support
- the change is about insurance
- the change is about medical or dental expenses or
- you cannot agree during mediation (read more about mediation below)

If both parents cannot agree, check the method you will use *to change the plan (check one)*;

- Mediation by a neutral party selected by parents or the Court
- Arbitration by a neutral party selected by parents or the Court.
- Court because of Order of Protection or other reasons

The parent asking for mediation agrees to tell the other parent in writing, by *(check one)*:

- Letter to the current address
 - With proof of mailing/delivery or
 - By certified mail
- Other: _____

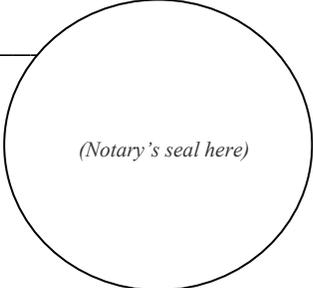
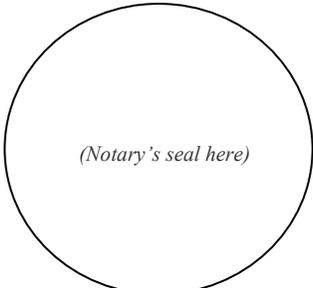
*Keep a copy of your letter

Costs for mediation will be paid by *(check one)*:

- Both parents pay half
- Based on the parents' incomes
- Other: _____

16. Parents sign next page in front of notary

Under penalty of perjury, I/we declare that this plan has been proposed in good faith and is in the best interest of each minor child and that the statements herein and on the attached child support worksheets are true and correct.

<p>_____ Date signed _____</p> <p>Mother signs here</p> <p>Sworn and subscribed before me today, the undersigned authority,</p> <p>By <i>(print name of notary)</i>: _____</p> <p>On this date: _____</p>	 <p><i>(Notary's seal here)</i></p>
<p>_____ Date signed _____</p> <p>Father signs here</p> <p>Sworn and subscribed before me today, the undersigned authority,</p> <p>By <i>(print name of notary)</i>: _____</p> <p>On this date: _____</p> <p><i>Notary/Court Clerk signs here</i>: _____</p> <p><i>Date notary's commission expires</i>: _____</p>	 <p><i>(Notary's seal here)</i></p>

Lawyers, if any, sign below to approve for entry. *If you do not have a lawyer, skip this part.

Mother's Lawyer

_____  _____
Print Name Signature

Address Tel. #
BPR # _____ Date _____

Father's Lawyer

_____  _____
Print Name Signature

Address Tel. #
BPR # _____ Date _____

Note: The judge or chancellor may sign below or, instead, sign a Final Decree or a separate Order incorporating this plan.

COURT COSTS (If applicable)

Court costs, if any, are taxed as follows: _____.

It is so ORDERED this the _____ day of _____, _____.

Judge or Chancellor